

### 4.8 Physiotherapists Assigning Physiotherapy Care (Working with Rehabilitation Assistants)

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#### **Purpose:**

Assignment or delegation of a physiotherapy task refers to the transfer of a component of a physiotherapy treatment plan to an individual who is not a registered physical therapist. This practice statement is directed at the assignment of physiotherapy tasks to rehabilitation or physiotherapy assistants and does not apply to situations where another practitioner is providing services independent of the physical therapist (ex: athletic therapist). Transfer of a component of care to an assistant differs from care taught to an adjuvant or caregiver (teacher's aide, recreation therapist etc.). Please see glossary for clarification.

Assigning care appropriately is also described in the Essential Competency Profile for Physiotherapists in Canada<sup>1</sup>

#### **Policy:**

As part of the delivery of effective client care, a physiotherapist may assign part of the client's treatment plan to a rehabilitation or physiotherapy assistant. When a task is assigned, the physiotherapist remains responsible and accountable for the safety and quality of the entire treatment plan, including the assigned component. Tasks assigned must not be evaluative (i.e. within the exclusive scope of physiotherapy) and the physiotherapist must be confident that the individual being assigned tasks has the knowledge and skill necessary to carry out the task appropriately.

#### **Guidelines:**

A physiotherapist demonstrates the practice standard by:

1. Ensuring that no service that requires the skill, knowledge or judgment of a professional physiotherapist is delegated to assistants.

#### **A physiotherapist should not assign:**

- Interpretation of referrals, diagnoses or prognosis
- Assessment or reassessment and interpretation of findings
- Initiation or modification of goals or treatment program beyond established limits
- Discussion of treatment rationale, clinical findings or prognosis
- Completion of documentation that is the therapist's responsibility
- Discharge planning

- Joint manipulation or mobilizations
  - Acupuncture
  - Vaginal or rectal procedures
2. Considering the following when determining if a task may be assigned:
    - Risk to the client
    - Acuity and complexity of the client's condition
    - Complexity of the task being assigned
    - Degree of judgment and decision making required to carry out the task
    - Environment/practice setting and supports available
  3. Ensuring that the individual being assigned tasks has the knowledge and skill to carry out that task (i.e. assessing and ensuring their competence) and ensuring the individual is aware of their scope of practice and accountability to the delegating physiotherapist.
  4. Ensuring assistants follow appropriate procedures re: routine practices, PHIA and confidentiality
  5. Making the client aware of the rehabilitation assistant's role and obtaining consent regarding their involvement. The therapist must ensure the client understands the difference in roles and responsibilities of the physiotherapist and the assistant.
  6. Ensuring a process is in place for ongoing communication between the therapist and the assistant and that in cases of indirect supervision a therapist is readily available and a defined reporting structure is in place.
  7. Monitoring the assigned task on a regular basis and ensuring the assistant reports back any adverse treatment reactions.
  8. Ensuring appropriate documentation (See Practice Standard 4.17: Record Keeping, section A.2.k)

Physiotherapists who bill for their services on a fee-for-service basis should ensure that the funder is aware if the services are provided by a rehabilitation assistant. Some funders require and expect service provided by assistants to be billed at a different rate. In no circumstance should the funder be misled or confused as to who provided service. The College of Physiotherapist of Manitoba can provide advice on such matters.

### **Glossary:**

**Rehabilitation Assistant:** Refers to an individual who is employed in a position to assist physiotherapy staff with client care, i.e. a physiotherapy/occupational therapy or rehabilitation assistant or aide. This person may have formal training in this area or may have learned these skills on the job. Components of care are transferred to the assistant to complete, while the physiotherapist maintains an ongoing active role with the client.

**Adjuvant:** Refers to an individual who is in a position to provide care to a client, but is not reporting directly to the physiotherapist. For example, a physiotherapist may be asked to provide guidance or exact instruction for an ongoing program tailored to a specific client (i.e. to a teacher's assistant or a recreation therapist in a nursing home). In these circumstances, the physiotherapist is acting in a consultative role and is not necessarily involved in ongoing active treatment. The individual carrying out the treatment is not considered an assistant for the purposes of this practice statement. Treatment programs should be

reviewed with adjuvants in the same manner a physiotherapist would review treatment suggestions with a patient, caregiver or parent. The client would require reassessment by the therapist before any modification in the treatment should occur.